

Case Number:	CM15-0189368		
Date Assigned:	10/01/2015	Date of Injury:	11/05/2006
Decision Date:	11/09/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/25/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48 year old male, who sustained an industrial injury on 11-5-2006. The injured worker is undergoing treatment for lumbar radiculopathy, stenosis and discopathy with disc displacement. Medical records dated 6-30-2015 indicate the injured worker complains of low back pain described as sharp and stabbing and radiating to both legs with numbness and tingling. Physical exam dated 6-30-2015 notes decreased deep tendon reflexes and decreased sensation in L4, L5 and S1. Exam dated 6-29-2015 indicates tenderness to palpation of the lumbar area with decreased range of motion (ROM) and positive straight leg raise bilaterally. Treatment to date has included Norco, Fexmid, Nalfon, Prilosec, Ultram and topical creams. The original utilization review dated 8-25-2015 indicates the request for lumbar sacral orthosis (LSO) back brace is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

LSO back brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Medical. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Lumbar supports.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, LSO back brace is not medically necessary. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Lumbar supports are not recommended or prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Additionally, lumbar supports to not prevent low back pain. In this case, the injured worker's working diagnoses are herniated nucleus pulposus L4 -L5, multiple disc bulges L5 -S1, L4 -L5, and L2 -03; and chronic cervicothoracic strain. Date of injury is November 5, 2006. Request authorization is August 11, 2015. According to a May 6, 2015 progress note, the treatment plan included a request for a lumbar orthosis. According to a supplemental report dated January 7, 2015, there is no mention of a lumbar support or lumbar orthosis. Subjectively, the injured worker has ongoing low back pain and symptoms compatible with an S1 radiculopathy. There is no clinical discussion, rationale or indication for a lumbar support. There is no contemporaneous clinical documentation on or about the date of request for authorization (August 11, 2015). Additionally, lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Lumbar supports are not recommended or prevention. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no contemporaneous clinical documentation on or about August 11, 2015, and guideline non-recommendations for lumbar supports in the chronic phase, LSO back brace is not medically necessary.